									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD									10711120				
Effective October 1, 2003									10715670				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	OR	OTHER SMALL		
TOTAL CLAIMS			3				. [RATE	FEE		RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS) 0 minus 20=		•			X\$ 9=		OR	X\$18=	_	
INDEPENDENT CLAIMS			7 minus 3 =		*			X43=		ОR	X86=		
MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT				I	+145=		OR	+290=		
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2			L	TOTAL	-	OR	TOTAL			
CLAIMS AS AMENDED - PART II									- A 1717	00	OTHER SMALL		
		(Column 1)		(Colur		(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL REE		RATE	ADDI- TIONAL FEE	
	Total	• 20	Minus		0	=		X\$ 9=		OR	X\$18=		
	Independent	. 3	Minus	••• <u>/</u>	3	7		X43=		Ò₹	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						۱ <u>۱</u>	+145=		OR	\+290=		
								TOTAL			TOTAL		
								DDIT. FEE		On	ADDIT. FEE		
<u> </u>		(Column 1) CLAIMS	T	(Colur		(Column 3)	1 r		LADDI	1		ADDI-	
IT B		REMAINING AFTER		NUM PREVK	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	TIONAL FEE	
MEN	•	AMENDMENT		PAID	FOR		1 }		FEE		V240	FEE	
MENDMENT	Total	*	Minus	**		=	┨┠	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	SENIDENT	CLAIM	=	łL	X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPEND				DEIVI COVIM		1	+145=	<u>.</u>	OR	+290=		
								TOTAL		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=]	X\$ 9=		OR	X\$18=		
	Indep ndent	*	Minus	***		<u> </u>	1	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 		200		
+145= OR											+290=	 	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***ODIT. FEE										ЮR	TOTAL ADDIT. FEE		
	If the "Highest Nu The "Highest Nun	mber Previously Pa nber Previously Pa	aid For IN TH id For (Total o	is SPACE r Independ	is less the lent) is the	an 3, enter 3.° e highest numb	er tou	nd in the ap	opropriate bo	x in co	olumn 1.		

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